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ABSTRACT

This project's six objectives were: simultaneously broadcasting in the States of Minnesota, Iowa, Nebraska, and North and South Dakota; developing a program series on restorative dentistry; finding a library source to house and distribute the videotape material; establishing cooperative working relationships among the respective State dental schools; raising revenue; and selecting an advisory committee. In the first year of the project, rough estimates placed the television coverage of the 6,200 dentists in the five-State area at approximately 80%. The report also contains an evaluation of the project which concludes that, in general, the responding groups seem to have been favorably impressed by the three-part educational series, and that there appears to be no significant difference in the reactions of dentists in the metropolitan area of Minnesota and of those in the out-State areas. About half the document consists of miscellaneous information relating to the project: the contract application, the general objectives of the advisory committee, the program schedule, news releases and other publicity pieces, a program resume, a copy of the questionnaire card, and assorted letters. (JR)

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FINAL REPORT

UNITED STATES PUBLIC HEALTH SERVICE

NATIONAL INSTITUTES OF HEALTH

Contract No. N.I.H. 70-4161

Q. T. Smith, Executive Secretary

M.I.N.D. Regional TV System

University of Minnesota Dental School

Minneapolis, Minnesota 55455

CE008781

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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INTRODUCTION

The organization for this final report was established by the scope of work set out in the original contract. It shall attempt to follow step by step the objectives outlined in the scope of work and the progress made toward meeting and fulfilling those objectives.

A. General and Comprehensive Objective of Contractor

The first general and very comprehensive statement of the contract calls for the contractor to plan, design, organize, and implement a coordinated, regional Continuing Dental Educational system which utilizes an educational television network as the dissemination media. In an effort to secure full cooperation and support of all appropriate organizations and personnel, a great deal of travel and communication was necessary.

The first contacts were made with the managers of the following 16 educational television stations in the five-state area.

Minnesota

KWCM-TV
1285 Hering; Appleton, 56208
Manager - W. R. Sandberg

WDSE-TV
200 Bradley Building; Duluth, 55802
General Manager - George A. Beck
Program Director - George G. Webb

KTCA-TV
1640 Como Avenue; St. Paul, 55108
General Manager - Dr. John C. Schwarzwalder
Program Director - Chris Donaldson

KTCI-TV
1640 Como Avenue; St. Paul, 55108
Station Manager - Dr. John C. Schwarzwalder
Program Director - Chris Donaldson

Iowa

KDIN-TV
Box 1758; Des Moines, 50306
Executive Director - John A. Montgomery
Program Director - Michael Labonia

Iowa

KIIN-TV
Box 1758; Des Moines, 50306
Executive Director - John A. Montgomery
Program Director - Michael Labonia

Nebraska

KTNE-TV (Alliance, Nebraska)
1600 R Street; Lincoln, 68508
Director of TV & General Manager - Jack G. McBride
Program Manager - Bill B. Oxley
Director of Information - Edward F. Vitzthus
(Satellite of KUON-TV)

KMNE-TV (Bassett, Nebraska)
1600 R Street; Lincoln, 68508
Director of TV & General Manager - Jack G. McBride
Program Manager - Bill B. Oxley
Director of Information - Edward F. Vitzthus
(Satellite of KUON-TV)

KLNE-TV (Lexington, Nebraska)
1600 R Street; Lincoln, 68508
Director of TV & General Manager - Jack G. McBride
Program Manager - Bill B. Oxley
Director of Information - Edward F. Vitzthus
(Satellite of KUON-TV)

KUON-TV
1600 R Street; Lincoln, 68508
Director of TV & General Manager - Jack G. McBride
Program Manager - Bill B. Oxley
Director of Information - Edward F. Vitzthus
(Satellite of KUON-TV)

KRNE-TV (Merriman, Nebraska)
1600 R Street; Lincoln, 68508
Director of TV & General Manager - Jack G. McBride
Program Manager - Bill B. Oxley
Director of Information - Edward F. Vitzthus
(Satellite of KUON-TV)

KXNE-TV (Norfolk, Nebraska
1600 R Street; Lincoln, 68508
Director of TV & General Manager - Jack G. McBride
Program Manager - Bill B. Oxley
Director of Information - Edward F. Vitzthus
(Satellite of KUON-TV)

Nebraska

KYNE-TV
University of Nebraska at Omaha; Omaha, 68132
General Manager - Paul Borge
Program Director - Leon Benschoter
Program Manager - James E. Cox

North Dakota

KFME-TV
4500 South University Drive; Fargo, 58102
General Manager - Dr. Donald Geiken

South Dakota

KESD-TV
Solberg Hall; South Dakota State; Brookings, 57006
Director of Educational Media - Dr. Ben C. Markland
Manager - W. P. Wentzy
Program Director - Dennis Pack

KBHE-TV
615½ Main Street; Rapid City, 57701
Executive Director - Martin Busch
Program Director - Mrs. Kay Warder
Program Manager - Viki Cross

KUSD-TV
University of South Dakota; Vermillion, 57069
Telecommunication Director - Martin P. Busch
Director TV - T. M. Engeman

It was clearly evident that all of the education television stations were ready and willing to add revenue producing Continuing Dental Education programs to their schedules. They were even more anxious to recruit the professional type viewer (dentists) whose training and intelligence would help support the total concept of educational television in the competitive commercial television market. The cooperation and support of all of the educational television stations have contributed greatly to the success of the regional network.

In addition to many phone calls and letters, a capsule summary of the year's activity can be shown by the following chronological calendar of meetings, places, and dates.

TIMETABLE OF TRAVEL, MEETINGS & DATES

1. August 11, 1970 - Original introductions and organizational meeting in home of Q. T. Smith, Roseville, Minnesota.
2. October 18-19-20, 1970 - State organizational meetings in Bismarck, Jamestown, Valley City, and Fargo, North Dakota.
3. October 26-27, 1970 - State organizational meeting in Des Moines, Iowa City, and Dubuque, Iowa.
4. October 30, 1970 - State organizational meetings with the University of Nebraska and Creighton University at Omaha, Nebraska.
5. November 3, 1970 - State organizational meetings in Minneapolis, St. Paul, and Rochester, Minnesota.
6. November 12-13, 1970 - First organizational meeting held jointly for all the representatives of the five-state area at the School of Dental Hygiene in Vermillion, South Dakota.
7. December 16, 1970 - Second general meeting of representatives of the five-state network at the University of Minnesota Dental School.
8. January 8, 1971 - Organizational area planning meeting of dental regional medical programs personnel in Sioux City, Iowa.
9. February 18, 1971 - Third general meeting of the five state advisory committee at the University of Minnesota in Minneapolis, Minnesota.
10. March 10, 1971 - Planning and organizational meeting of executive secretary and project officer at the Dental Health Center in San Francisco, California.

11. March 25-26, 1971 - Fourth general meeting of the five-state advisory committee at the Dental Hygiene School at Vermillion, South Dakota.
12. March 27 - April 1, 1971 - Organizational and promotional trip of the executive secretary with project officer and the regional dental consultant, in the state of Nebraska.
13. April 19, 1971 - Planning meeting for training session of the key people in the five state area to be held in September in Lincoln, Nebraska.
14. May 6-7, 1971 - Fifth general meeting of the five-state advisory committee at Creighton University in Omaha, Nebraska.
15. June 15, 1971 - Planning meeting for next year's program with the chairman of advisory committee, the regional dental consultant and the executive secretary at the University of Minnesota.

In all of the contacts with all of the people in all of the states a concerted and continual effort was made to push and publicise the regional concept in Continuing Dental Education. Simply stated, it is far easier and much more economical to move information than dentists, especially when the dentist in a remote area must leave his heavy work load and travel great distances to the source of training. Above and beyond this, the regional concept argues that a pooling of resources and manpower makes a better program for all. With only one production cost, regional television allows thousands of dentists to view the program at the same time.

B. Specific Objectives of Contractor

1. The existing educational television stations in the states of Minnesota, Iowa, Nebraska, North Dakota and South Dakota have been organized into a network and have demonstrated their capability of broadcasting programs simultaneously. There was a minor problem of scheduling due to prior commitment in the state of Iowa, but with regional planning this was worked out, and will not be a problem in the future.
2. The three educational programs of Dr. John Anderson on "Restorative Dentistry", were developed and broadcast simultaneously over the network in the month of February.
3. A library source has been found to house, distribute, duplicate, edit, and maintain all the videotape material that will be used on the television network. The project officer and the executive secretary had the privilege to visit and tour the Great Plains

Library at Lincoln, Nebraska. They are superbly equipped to work with all types of films and tapes. In addition to this, their rates are very reasonable when compared with commercial organizations. They can also make the network coverage much more complete by supplementing films, etc., into an area where television coverage is weak or non-existant.

4. The inital contact has been made and the ground work is being laid to establish a cooperative working relationship between the Universities of Minnesota, Iowa, Nebraska, and the Dental Hygiene School of South Dakota.

A training session is now being planned for representatives of each of the schools to meet in Lincoln, Nebraska, in September for the express purpose of jointly preparing a program in Continuing Dental Education for broadcasting over the five-state network. This is the first time for such an undertaking in the history of the five schools.

5. To elicit support, both financial and manpower, is more than a performance, it is a process. We are in that process now and while there is a long way to go, there is tangible evidence that we are making progress. This year the dentists of South Dakota assessed each man $10.00 for the express purpose of Continuing Dental Education in the state of South Dakota. The chairman of the examining board in the state of Minnesota went on record that Minnesota would follow suit for an even larger amount provided that the committee devise a system of grading or authenticating the course for credit. With Minnesota's

compulsory law, they see a real need in the future to increase the school's limited offerings in Continuing Dental Education if they really enforce the law. When the publicity of the three hours to be broadcast went out to the dentists of Minnesota, a barrage of calls and a flood of letters came in asking if the television course would count for credit. The television committee is now working closely with the state committee to evaluate courses for credit and a study guide will be prepared prior to broadcasting next year.

6. The executive secretary working closely with the state presidents, the state dental health directors, the State Examining Board, and the profession in general was able to select one man from each of the five states (see attached letter) and they are as follows:

Minnesota
Iowa
Nebraska
Dakotas

for educational enrichment of men's minds

REGIONAL ADVISORY COMMITTEE

1. CASAD, DR. RODNEY
   Director, Dental Hygiene School
   Wahpeton, North Dakota 58075
   1-701-642-6671 - Ext. 233

2. HETHERINGTON, MR. BILL
   Audio Visual Director
   College of Dentistry
   Iowa City, Iowa 52241
   1-319-353-4004

3. HOOVER, DR. DAVID E.
   Chairman, Continuing Dental Education Committee
   Nebraska Dental Association
   6220 Maple Street
   Omaha, Nebraska 68104
   1-402-558-9400

4. NIENABER, DR. WILLIAM
   President, Minnesota Dental Association
   939 Medical Arts Building
   Minneapolis, Minnesota 55402
   1-612-338-1255

5. POWELL, DR. WILLARD L.
   R.M.P. Planning Committee
   University of South Dakota
   Vermillion, South Dakota 57069
   1-605-624-3031

The committee has worked well together, but we are temporarly without a representative for the state of Iowa. Mr. Heatherington has been transferred out of the state and we are in the process of replacing him at the time of this writing.

In addition to these five men, by democratic group action, it was agreed that the advisory committee should also include one television coordinator, one coordinator of federal programs, one over-all coordinator of the committee, and an executive secretary. The committee chose Mr. Thomas Engeman as television coordinator, Dr. Charles Hayden as coordinator of federal programs, Dr. Darrell Ludeman as chairman of the committee, and Q. T. Smith as executive secretary. At a later meeting the committee voted to add two educational consultants, Dr. Mike Loupe of the University of Minnesota, and Mrs. Fran Watkins of the University of South Dakota which brought the number of advisory committee members to eleven.

7. The committee has worked well together and has demonstrated it has a mind of its own with the ability to make decisions not only on program format, content, and priorities, but also on its name. The executive secretary had been commissioned early in the venture to come up with or create a name for the regional advisory committee, and for several months the committee was known as the Con-Dent-Ed regional TV system. At the first major meeting of the newly formed 11 member committee the group decided to change the name to the M.I.N.D. Regional Advisory

Committee and once again demonstrated the regional concept - that the "pooling" of wisdom is quite often superior to one man's idea.

C. Information & Projection

1. The organization of the Educational Television Network is headquartered in Vermillion, South Dakota, since Mr. Tom Engeman is Director of Educational TV at the University of South Dakota, and so far the programs have originated from there. However, the network is set-up so that the programs could in fact originate in Minneapolis, Lincoln, or Iowa City.
2. The evaluation and description of the results of the viewing of the programs were compiled by several sources. The results of the studies will be attached at the end of this report. One problem of evaluation encountered in Minnesota was the confusion of two series of dental programs being aired on educational television during the same week. Without the knowledge of the five-state committee, the Minnesota State Dental Society put on a series of programs in the same time period. The listeners confused the two programs on their evaluation cards and a number of the cards turned in could not be used in the study. Here once again, regional planning and better communication within each state will help to reduce duplication of this sort.
3. The Great Plains National Instructional Television Library, under the directorship of Mr. Paul H. Schupbach is located in

Lincoln at the University of Nebraska. After talking to their director and examining their equipment and facilities, the committee is convinced that they can provide excellent service to the regional network at a reasonable cost. It is their policy to keep the original tape at the library at all times and to send a brand new duplicate in the mail each time. The quality and variety of their equipment is far superior to any other educational facility that was examined. They are set-up so that they can duplicate films and videotapes interchangably, in almost any way desirable by the customer. A copy of their newsletter containing services and prices will be included with this report.

4. Any plan or effort to develop educational materials cooperatively by the four dental schools and the University of South Dakota must begin by bringing these institutions together.

Present plans call for a three day training grant program to be held in Lincoln, Nebraska in September. An attempt will be made to assemble all the key people in Continuing Dental Education from each of the five states. Among those invited will be the Continuing Education Directors and the Deans from each of the five schools represented. For the first time in the history of the schools, they will have an opportunity to sit down together and hopefully to coordinate and unite their common goals of Continuing Dental Education in the region. The regional concept calls for the best from each school to be shared with the entire region by means of the medium of television.

5. The plan for the project to become self-supporting at the completion of the contract has been started in South Dakota, with the $10.00 assessment per dentist for Continuing Dental Education. As the programs can be shown to be effective, other states will support the effort in like manner. Regional Medical Programs have given some support in each of the states amounting to several thousand dollars this year. The executive secretary wrote a contract proposal to be used as a model in each of the five states for Regional Medical Programs support. (copy attached)

   There is some evidence to believe that manufacturers of dental equipment and products would be willing to support the television network, through limited advertisement. It was also suggested that in return for services rendered, the Delta Dental Plan, or simular organizations could help to support the program.

6. The structure of the 11 man advisory committee as described earlier, is made up of the following members:

   One man from each state who as nearly as possible represents and speaks for that state at the regional level. He then in turns communicates back to his state the regional decisions and direction of the advisory committee. One man functions as the TV coordinator of the network. It is his responsibility to coordinate the technical aspects of the broadcasting network. One member serves as coordinator of federal programs, and it is his responsibility to get the maxiumum support and service from

the different federal programs operating in the five-state region. One member is the over-all coordinator, and it is his responsibility to serve as chairman to the advisory committee. The executive secretary has the responsibility of coordinating communication between the committee and the states and with publicity of the entire project. The final two members, both educational specialists, have the responsibility of consulting and advising on the educational aspect of the program.

The responsibility of the committee as a whole is to develop a regional comprehensive Continuing Dental Education system. The motion was made and passed that all members of the committee have voting privileges on each and every issue, and that when necessary, any question he decided by a two-thirds majority vote. In short, the advisory committee is set-up to guide and govern the regional system and is the final authority in programs and practice.

CONCLUSION

In summary, the first year of the program was marked with some significant accomplishments for the dental profession. Rough estimates place the TV coverage of the 6,200 dentists in the five-state area at approximately 80%. While there is a need for a more sophisticated and more uniform evaluation of the network programs, the studies that were made are quite favorable. The value of experience and prior programming was reflected in the excellent response in South Dakota. Minnesota is the only state with a dental coordinator employed by Regional Medical Programs. In the study conducted by Northlands Regional Medical Programs (copy attached) they concluded that it was a good learning experience and that it should be continued. This report takes on added significance in light of the fact that a similiar study on another continuing health education program received a very negative evaluation.

It was also significant in Minnesota that many of the inquiries and much of the response came from the remote and rural areas of the state. The executive secretary of the examining board in Minnesota was very supportive of the programs in that the medium of television is accessible to practically every dentist in the state. Therefore, even though the dentist might not belong to the state association he could still be held accountable for the requirements of the compulsory law.

The program was also instrumental in the securing of videotapes of the Minnesota State Dental convention and making them available for dentists nation wide through the United States Public Health Service.

At the very beginning of the project concern was expressed by some dentists over using "open circuit" television for the programs of Dr. Anderson on "Restorative Dentistry". After the broadcasts the consensus of opinion was that the "image" of the dental profession had, in fact, been enhanced by the programs. One interesting response was from a grandmother in rural Minnesota. She went to the trouble to look up Dr. Anderson's address in Chicago and wrote a personal letter to him. She was very complimentary to him and the programs and ended the letter by stating that she was saving up her money and that when she had enough, she planned to come to Chicago and have him fix her teeth.

In the final analysis, if the regional network can deliver programs that will make the dentist more effective, and help the patient to receive better care, the profession will support it. The M.I.N.D. Regional Advisory Committee is dedicated to the task of selecting expert clinicians, using sound educational philosophy, who are keenly trained in the use of the medium of television.

EVALUATION AND FEEDBACK OF STATE REPRESENTATIVES

1. In South Dakota, Mrs. Fran Watkins reported a 60.1% (136) response to 226 viewing cards mailed. 73% (99) of those dentists who sent in the cards were watching, or 43.8% of a possible 226 dentists were watching. In addition to this, 52 calls were made to the dentists who had not returned a viewing card, and of these 52 calls, 27 of these dentists had in fact watched the program, even though they did not send in the card.

   The comments were generally favorable and viewers were especially impressed with the camera work. Comments about the panel were generally favorable, and dentists in small towns indicated that they liked this method of communicating with fellow dentists.

   Responses from dental supply houses previously contacted have indicated numerous inquiries from dentists in the area about products used in the tapes by Dr. Anderson.

2. Dr. Casad reported that North Dakota conducted no formal evaluation. The lack of TV coverage and publicity within the state made it difficult to assess the effectiveness of the program in North Dakota.

3. Bill Hetherington and Dr. Hayden had received favorable personal comments, but no formal evaluation was made in Iowa. There was some criticism that the presentation had been made earlier in Chicago, and some felt that the panel was a bit too critical of Dr. Anderson since he was not there to defend himself.

4. Dr. Hoover in Nebraska reported a 34% response to 918 viewing cards mailed out, or 54% (167) of those who responded were watching the program. The comments were favorable, especially on the photography. The most enthusiastic support came from dentists isolated in Western Nebraska who have so little contact with other dentists.

AN EVALUATION
OF
A THREE-PART TV PROGRAM
ON
"RESTORATIVE DENTISTRY"

Russell Hill, Ph.D., Evaluation Officer

Kenneth Kiley, M.A., Communications Coordinator

Ronald Place, D.D.S., Dental Coordinator

NORTHLANDS REGIONAL MEDICAL PROGRAM

375 Jackson Street

St. Paul, Minnesota 55101

This report briefly summarizes the results of a survey of dentists, dental hygienists, and dental assistants who observed an educational television series on February 11, 18, and 25, 1971, sponsored cooperatively by Northlands Regional Medical Program and the University of Minnesota, School of Dentistry. The purpose of the survey was to determine the extent to which these three groups of persons favorably reacted to the program.

The survey consisted of a postcard questionnaire mailed to all dentists, dental hygienists, and dental assistants in Minnesota. The table below shows the number of questionnaires sent to these groups and the number and percent returning a completed questionnaire.

TABLE I

THE NUMBER OF DENTISTS, DENTAL HYGIENISTS, AND DENTAL ASSISTANTS RESPONDING TO THE SURVEY

Type of Person Surveyed	Number Surveyed	Respondents	
		Number	Percent
Dentists	2808	181	6.4
Dental Hyg.	595	62	10.4
Dental Asst.	108	21	19.4
TOTAL[1]	3511	264	7.5

While it is immediately apparent that a relatively small percentage of the total dental manpower in Minnesota responded to the survey thus minimizing

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[1] An additional 115 questionnaires were returned unanswered since the respondents were unable to view the program. Eleven completed questionnaires were returned with no indication of the person's professional status. These eleven returns, which were very similar in nature to the 264 tabulated, were not included in the tabulations discussed in this report.

or negating any inferences from the respondents to the total population of dental manpower, the results of the survey are significant in that they indicate the reactions of those persons within the dental manpower pool who expressed an interest in or concern for this type of continuing educational activity by taking the time to respond. Stated differently, the findings describe only those groups which responded, not the entire groups of dentists, dental hygienists, and dental assistants, but the responding groups are of a size which warrants attention and consideration.

The responses to the questionnaire were manually tallied according to the three groups of persons surveyed and by location of residence—namely, metropolitan and out-state areas. The findings discussed in the remainder of this report are presented according to these groupings.

Findings

Of the 264 persons responding to the survey, 237 or 89.8 percent indicated that the program was logically organized and sequentially developed. (See Table II.) Five indicated a negative feeling, and 22 did not answer this item. No significant differences appear to exist between types of dental professionals nor between those in the metropolitan and out-state areas.

TABLE II

THE NUMBER OF DENTISTS, DENTAL HYGIENISTS, AND DENTAL ASSISTANTS INDICATING THAT THE PROGRAM WAS LOGICALLY ORGANIZED AND DEVELOPED

	LOCATION											
	METRO			OUTSTATE			UNKNOWN			TOTAL		
	Pos.	Neg.	NA.	Pos.	Neg.	NA.	Pos.	Neg.	NA.	Pos.	Neg.	NA
Dentists	83	2	9	79	1	4	2	1	-	164	4	1
Dental Hyg.	39	1	5	14	-	2	1	-	-	54	1	
Dental Asst.	14	-	1	5	-	1	-	-	-	19	-	
TOTAL	136	3	15	98	1	7	3	1	-	237	5	22

A similar pattern of response was found for that item seeking reactions to the visual materials used in the program. Two hundred forty-five of the total respondents or 92.8 percent indicated the visual displays were supportive and informative; four reacted negatively; and fifteen gave no answer. (See Table III.) No differences were noted between groups or between areas of the state.

TABLE III

THE NUMBER OF DENTISTS, DENTAL HYGIENISTS, AND DENTAL ASSISTANTS INDICATING THAT THE VISUAL MATERIALS WERE SUPPORTIVE AND INFORMATIVE

	LOCATION											
	METRO			OUTSTATE			UNKNOWN			TOTAL		
	Pos.	Neg.	NA.	Pos.	Neg.	NA.	Pos.	Neg.	NA.	Pos.	Neg.	NA.
Dentists	86	3	5	80	1	3	3	-	-	169	4	8
Dental Hyg.	39	-	6	15	-	1	1	-	-	55	-	7
Dental Asst.	15	-	-	6	-	-	-	-	-	21	-	-
TOTAL	140	3	11	101	1	4	4	-	-	245	4	15

While the large majority of respondents indicated a satisfaction with the presentation of the procedure (226 or 85.6 percent), some dissatisfaction was noted in all groups, particularly among dentists in both the metro and outstate areas. Fifteen dentists indicated a dissatisfaction, as did three dental hygienists and two dental assistants. Eighteen of the respondents did not answer this item. (See Table IV.)

TABLE IV

THE NUMBER OF DENTISTS, DENTAL HYGIENISTS, AND DENTAL ASSISTANTS INDICATING A SATISFACTION WITH THE PRESENTATION OF THE PROCEDURE

	LOCATION											
	METRO			OUTSTATE			UNKNOWN			TOTAL		
	Pos.	Neg.	NA.	Pos.	Neg.	NA.	Pos.	Neg.	NA.	Pos.	Neg.	NA.
Dentists	81	8	5	73	6	5	2	1	-	156	15	10
Dental Hyg.	38	1	6	13	2	1	-	-	1	51	3	8
Dental Asst.	14	1	-	5	1	-	-	-	-	19	2	-
TOTAL	133	10	11	91	9	6	2	1	1	226	20	18

Again a majority felt the skills presented in the program were relevant to their practices (183 or 69.3 percent). However, 46 or 17.4 percent reacted negatively, while 35 did not answer. (See Table V.) The most noticeable negative response to this aspect of the program appears among the dental hygienists with almost as many responding negatively (21) as those responding positively (24). No salient differences were noted between the metro and outstate areas.

TABLE V

THE NUMBER OF DENTISTS, DENTAL HYGIENISTS, AND DENTAL ASSISTANTS INDICATING THAT THE SKILLS PRESENTED WERE RELEVANT TO THEIR PRACTICE

	LOCATION											
	METRO			OUTSTATE			UNKNOWN			TOTAL		
	Pos.	Neg.	NA.	Pos.	Neg.	NA.	Pos.	Neg.	NA.	Pos.	Neg.	NA.
Dentists	72	14	8	73	7	4	2	1	-	147	22	12
Dental Hyg.	13	16	16	10	5	1	1	-	-	24	21	17
Dental Asst.	8	3	4	4	-	2	-	-	-	12	3	6
TOTAL	93	33	28	87	12	7	3	1	-	183	46	35

While dentists appeared less satisfied than dental hygienists and dental assistants with the production of the telecast (see Table VI), a large majority of the responding groups gave a positive response to this item (232 or 87.9 percent). No apparent differences were noted between the metro and out-state areas of the state.

TABLE VI

THE NUMBER OF DENTISTS, DENTAL HYGIENISTS, AND DENTAL ASSISTANTS INDICATING A SATISFACTION WITH THE PRODUCTION OF THE TELECAST

	LOCATION											
	METRO			OUTSTATE			UNKNOWN			TOTAL		
	Pos.	Neg.	NA.	Pos.	Neg.	NA.	Pos.	Neg.	NA.	Pos.	Neg.	NA
Dentists	79	10	5	73	8	3	3	-	-	155	18	8
Dental Hyg.	41	-	4	16	-	-	-	1	-	57	1	4
Dental Asst.	14	1	-	6	-	-	-	-	-	20	1	-
TOTAL	134	11	9	95	8	3	3	1	-	232	20	12

A much different pattern of responses was found for the item determining the extent to which viewers of the telecast were stimulated to utilize auxiliary personnel in an expanded role. (See Table VII.) Seventy-one of the respondents did not answer this item. Most of these non-respondents were dental hygienists and dental assistants. Of the 193 that did answer, 100 responded negatively and 93 positively. Eighty-three dentists gave a negative reaction while only 70 or 45.7 percent of the 153 responding reacted favorably. No noticeable differences appear to exist between those professionals in the metro and out-state areas.

TABLE VII

THE NUMBER OF DENTISTS, DENTAL HYGIENISTS, AND DENTAL ASSISTANTS INDICATING THAT THEY WERE STIMULATED BY THE PROGRAM TO UTILIZE AUXILIARY PERSONNEL IN AN EXPANDED ROLE

	LOCATION											
	METRO			OUTSTATE			UNKNOWN			TOTAL		
	Pos.	Neg.	NA.	Pos.	Neg.	NA.	Pos.	Neg.	NA.	Pos.	Neg.	NA.
Dentists	40	39	15	30	41	13	-	3	-	70	83	28
Dental Hyg.	9	8	28	7	5	4	-	1	-	16	14	32
Dental Asst.	5	2	8	2	1	3	-	-	-	7	3	11
TOTAL	54	49	51	39	47	20	-	4	-	93	100	71

Table VIII shows the number of program segments which were viewed by the 264 respondents. Ninety-five or 36.0 percent observed all three segments; an additional 94 observed two; and 53 viewed only one. Twenty-two respondents failed to indicate the number of segments they saw. A higher proportion of dentists (38.1%) viewed all three than dental hygienists (37.1%) or dental assistants (14.3%).

TABLE VIII

THE NUMBER OF PROGRAM SEGMENTS VIEWED BY RESPONDENTS TO THE SURVEY

	One Segment Only.	Two Segments	All Three Segments	Unknown	Total
Dentists	36	61	69	15	181
Dental Hyg.	10	27	23	2	62
Dental Asst.	7	6	3	5	21
TOTAL	53	94	95	22	264

Conclusions

In spite of the severe limitations placed upon any inferences to the total population of dentists and paraprofessionals from the relatively small and biased sample included in this study, some observations--however tenuous--can be made from these findings.

In general the responding groups appear to have been favorably impressed by the three-part educational program presented in February 1971. In five of the six items seeking the reactions of those who viewed the program well over three-fourths of the respondents indicated a favorable reaction. The relatively low negative reaction to these five items would indicate that those who viewed the telecast felt the program was well organized and produced, used appropriate visual materials, presented the procedures adequately, and included skills which were relevant.

The respondents apparently were not stimulated to a large extent to utilize auxiliary personnel in an expanded role. This, however, was not a major objective of the program and was emphasized in only one segment. As would be expected, the dental hygienists and dental assistants tended to react negatively or not to react to this item.

There appears to be no differences in the reactions received from persons in the metropolitan area compared to those in the out-state areas of Minnesota.

The fact that a sizeable proportion of those responding watched all three segments of the program and an equally sizeable proportion watched at least two indicates that the initial interest in participation was maintained throughout the three-part series.

Continued activity of this nature is urged. At least 275 persons in the dental profession participated in this program. It is suspected that more did but did not respond to the survey. The timing of the program coupled

with the confusion in dates created by the broadcasting of other programs no doubt adversely affected participation in the program. However, the vast majority of those that participated indicated a satisfaction with the contents, materials and procedures. The educational value of the program, therefore, was no doubt apparent to these professionals, warranting further activity of this kind.

CONTRACT APPLICATION

TO THE

NORTHLANDS REGIONAL MEDICAL PROGRAM INC.

370 Jackson Street

Saint Paul, Minnesota 55101

from

THE M.I.N.D. REGIONAL TV SYSTEM

University of Minnesota

April 1971

PROMOTION AND PUBLICITY OF A PROGRAM OF CONTINUING DENTAL EDUCATION TO MINNESOTA DENTISTS: "BETTER TRAINING FOR BETTER PATIENT CARE"

Introduction

This proposal will continue to support this state's share of the M.I.N.D. Regional TV System in two areas.

1. Promotion and publicity to dentists.
2. Educational television time.

Background

The Principles of Ethics of the American Dental Association declares that "the right of a dentist to professional status rests in the knowledge, skill and experience with which he serves his patients and society. Every dentist has the obligation of keeping his knowledge and skill freshened by continuing education through all his professional life."

With the explosion of knowledge and the rapid advancement of research in the field of all health sciences, the "half-life" for the practicing dentist grows even shorter.

The state president of the Nebraska Dental Association declares that "Continuing education for the dental profession

is absolutely necessary, due to the many advancements in dentistry. Every dentist has the obligation, not only to himself but to his patients, to do everything in his power to keep abreast of the changes in dentistry."

This intense interest in continuing education was passed into law in the state of Minnesota. The Dental Practice Act, passed in the 1969 legislature states that "Dentists and Dental Auxiliaries shall have completed certain continuing education requirements each five years in order to be re-licensed to practice in this state." Other states in the region are in the process of passing similar legislation.

This requirement, while a most commendable one, has placed an impossible task on the dental schools to furnish facilities and courses in continuing education for all of these people. The law also places a heavy burden on the dentist who is in a remote or rural area to leave his practice and travel great distances to the schools for courses. The present M.I.N.D. Regional TV System owes its existence to a group of dedicated dentists in South Dakota.

In a state without a dental school, and an area of sparse dental population, they sensed the acute need of more and better continuing education for dentists.

After soliciting assistance from U.S.P.H.S. and R.M.P., they explored the problem of delivery of C.E. courses to dentists over a large area.

Recognizing the state of, and the need for continuing dental education, the unused potential of educational television seemed to be the most effective and economical way to reach the dentists. In short, it is much more reasonable to move material rather than men and also their service and schedule is not interrupted.

South Dakota built a TV program with steady growth and an increasing percentage of viewers until February of 1971, when Minnesota, Iowa, Nebraska and North Dakota joined to demonstrate the feasibility of simultaneously broadcasting a continuing Dental Education program to 6,200 practicing dentists in the five state area.

The regional network concept determined that by spreading costs over several states rather than a single state, an improvement in quality and frequency of programming could be achieved. Production costs and faculty are the same, whether seen by one dentist or thousands. One of the most exciting "spin-offs" of this educational endeavor, was the legislative action taken this year. To our knowledge for the first time in the history of the Nation, South Dakota passed a law requiring an annual fee of ten dollars per dentist to be used for Continuing Dental Education.

While this is only one state, with a rather small number of dentists, it does set a precedent and a goal for the other states to follow. And the Compulsory Education Acts passed and pending in this region only enhance and support the regional TV concept.

Problem Task

The original purpose of the N.I.H. Contract was to see if the 16 educational television stations in the 5 state area could be linked together to cooperate with all the dental groups for a simultaneous broadcast. This was accomplished in February 1971 with a series of 3 one-hour programs. Next year's programs, in addition to broadcasting 8 hours of Continuing Dental Education, will attempt to organize the existing TV facilities of the four dental schools and the School of Dental Hygiene at the University of South Dakota into a closed circuit TV network. To demonstrate this working relationship, one hour of broadcasting on the networ will be a program jointly produced by the five schools. This relationship between the schools, would not only be a first, but it would allow the very best in talent and faculty from each school to be shared with the entire region.

Need

The M.I.N.D. Regional TV System has needs in three specific areas:

1. Television time
2. Promotion and publicity to dentists
3. Evaluative standards of procedures presented in the viewed program

While the Educational TV stations do not charge commercial rates, their costs are expensive. In areas of the region where Northwestern Bell lines must be used the cost is very expensive. In this initial period, each state will need some outside assistance.

The second area of need is publicity and promotion. Since this type of training is new, behavioral patterns of viewing must be changed and this takes time and effort. In the final analysis the best of programs go for naught unless the dentists watch the program. Because of the need for optimum viewership the budget will require funds for the preparation of three brochures and two reminder cards for each program.

The third area of need is in the area of viewers response and evaluation of the effectiveness of the program. While some preliminary testing has been done, a much more sophisticated methodology of evaluation needs to be developed to determine the strengths and weaknesses of this method of Continuing Education.

Detailed Budget

Publicity

	Brochures (3 mailings)	Cards (7 mailings)	Total
Minnesota	$500.00	$600.00	$1,100.00

Television

(Television air time purchased plus telephone line charges)

	1 Hour	8 Hours
Minnesota	$336	$2,688.00

Grand Total= $3,788.00

Contracting Institution

The contractor is the University of Minnesota School of Dentistry, 136 Owre Hall, Minneapolis, Minnesota 55455.

Program Director

The program director will be Mr. Q.T. Smith, Assistant Professor in Communications and Assistant Director of Continuing Education at the dental school (curriculum vita attached).

Northlands Regional Medical Program Core Staff

It would be very advantageous to this program to have the services of the Dental Coordinator, and the Communications Coordinator on a 15% staff time basis from each person.

Duration of Program

The activities of the "pilot project" described in this contract would be undertaken within the next fiscal year of the regional TV system.

Guarantee of Printed Report

The contractor agrees to furnish N.R.M.P. with a printed report, suitable for widespread distribution, describing what

was done in the program, what specifically was accomplished, and how these accomplishments will assist in the improvement of the health care system.

Guarantee of Funds

The contractor hereby gives assurance that funds will be spent only for the conduct of the described program and in accordance with national and local guidelines for R.M.P. activities.

Legal Status

The contractor hereby gives assurance of compliance with section 601 of Title VI of the Civil Rights Act of 1964.

News Releases

The contractor hereby gives assurance that all news releases and communcation must recognize N.R.M.P. and will follow the policies at the N.R.M.P. Communications Department.

MINDS

ADVISORY COMMITTEE

CONTINUING DENTAL EDUCATION

Statement of Purpose:

To improve the level of oral health in the five state region by providing problem-oriented continuing education programs and support resources to dentists and auxiliary personnel in the region.

Constraints:

(a) To maximize the impact of the program we primarily will address dentists and auxiliaries in general practice for whom college or university based C.E. programs are inconvenient or impossible.

(b) The primary medium for communication will be broadcast CTV with supplementary portable CCTV or film utilized beyond the range of broadcast.

(c) When appropriate, practical or clinical instruction will follow general broadcast and will be made available at school facilities and by means of extension faculty.

(d) Content of the programs will be determined by analysis of the health needs of definable populations in the region, the dental knowledge and skills needed to satisfy these needs and the appropriateness of the content to the media available.

General Objectives:

1. To establish a regional, two-way video network connecting existing dental and hygiene schools and regional CTV broadcast facilities for the purpose of simultaneous faculty sharing and coordination of continuing dental education courses and related informational programming.

2. Once established, to encourage the use of the network by other health care and professional groups to facilitate the development of high quality C.E.

3. To establish programs of ongoing research dealing with:

    (a) assessment of regional real and perceived dental health needs

(b) assessment of present dental concepts and techniques which can be applied to alleviate these needs

(c) assessment of dental school programs relative to these needs

(d) assessment of consumer attitudes toward dental care

(e) means of keeping abreast of new developments and concepts in dentistry and other progessions and the feasibility of their adoption for improved dental health care

(f) means of keeping abreast of new developments in continuing dental education dissemination methods and determination of their value to the system of communication in the five-state area

4. To encourage regional dentists to consider dentistry in terms of health care delivery systems and teams, both within dentistry itself and as a part of a broader delivery system including other medical and para-medical personnel.

5. To develop continuing dental education curricula suggested by research efforts.

6. To establish a curriculum development mechanism including:

(a) educational and evaluation consultants

(b) professional dental consultants

(c) media consultants and facilities

(d) television consultants

7. To establish an ongoing mechanism for program evaluation in the cognitive, affective, and applied domains.

8. To establish regional library facilities to include:

(a) cartridge tapes, films, and other audiovisual materials

(b) a possible information retrieval system such as MEDLARS available to regional dentists via telephone

(c) a panel for ongoing review of dental literature and research to extract new developments which have positive implications for health care in MINDS

(d) to periodically publish the findings of this panel in the form of annotated abstracts circulated to all regional dentists and to use this information as guides for curriculum development

9. To identify support resources in the five-state area and establish a system of utilization of such sources.

UNIVERSITY OF Minnesota

SCHOOL OF DENTISTRY • MINNEAPOLIS, MINNESOTA 55455

December 30, 1970

In light of our earlier correspondence, I am writing a general letter to everyone who attended the Minnesota meeting, as well as those who could not make it. The representation and support of each state in the region was most gratifying. I am also enclosing a copy of the minutes for your information and file.

The most urgent need right now is the acquisition of the advisory committee that will guide and govern the entire project. The difficult problem we face in the selection of this committee is to get equal representation from each state and yet keep the number small enough to be able to come together and to operate effectively.

As you will note in the minutes, it was decided by group action in Minneapolis that each state would select one man who would work with and speak for the state dental societies, the state examining boards, the state dental health directors, the dental schools, and the dental profession in general.

It was felt that if all of these groups worked together in each state to select a man, that he would be able to know the state's needs and would be able to communicate their desires in the regional advisory committee.

If it is agreeable with everyone, I would like to make the president of each state dental association my contact person for the advisory committee selection. I would also like to come to your state and assist in any way possible with the selection of your representative by answering any questions or by furnishing any additional information you might desire. I will be calling the state presidents in the next few days to set up a date in each state, as the first telecast is February 11, 1971.

In closing, I would like to share with you the name we have selected for the five-state program: "The Con-Dent-Ed Regional TV System." Once again I wish to thank you for your cooperation and support.

Yours truly,

Q. T. Smith, Director
Con-Dent-Ed Regional TV System

Continuing Dental Education

Schedule of Television Courses

1970 - 1971*

Television Stations: Brookings, KESD - Channel 8
Pierre, KTSD - Channel 10
Rapid City, KBHE - Channel 9
Vermillion, KUSD - Channel 2

Course I. "Surgical Procedures - An Integral Part of General Practice"
By: Robert B. Shira

Part 1:			
October 1:	Ch. 2, Ch. 8, Ch. 10	Thursday	10:30 p.m.
October 8:	Ch. 9	Thursday	10:30 p.m.
Part 2:			
October 8:	Ch. 2, Ch. 8, Ch. 10	Thursday	10:30 p.m.
October 15:	Ch. 9	Thursday	10:30 p.m.
Part 3:			
October 15:	Ch. 2, Ch. 8, Ch. 10	Thursday	10:30 p.m.
October 22:	Ch. 9	Thursday	10:30 p.m.

Course II. "Practical Pedodontics"
By: Philip H. Suess

Part 1:			
November 5:	Ch. 2, Ch. 8, Ch. 10	Thursday	10:30 p.m.
November 12:	Ch. 9	Thursday	10:30 p.m.
Part 2:			
November 12:	Ch. 2, Ch. 8, Ch. 10	Thursday	10:30 p.m.
November 19:	Ch. 9	Thursday	10:30 p.m.
Part 3:			
November 19:	Ch. 2, Ch. 8, Ch. 10	Thursday	10:30 p.m.
November 26:	Ch. 9	Thursday	10:30 p.m.

Course III. "Restorative Dentistry"
By: John A. Anderson
Simultaneous telecast between Nebraska and South Dakota
Nebraska channels: 3 (Lexington), 7 (Basset), 9 (North Platte), 12 (Lincoln), 12 (Merriman), 13 (Alliance), 19 (Norfolk), 29 (Hastings)

Part 1:			
February 11:	Ch. 2, Ch. 8, Ch. 10, Ch. 9 And all Nebraska channels	Thursday	10:30 p.m.
Part 2:			
February 18:	Ch. 2, Ch. 8, Ch. 10, Ch. 9 And all Nebraska channels	Thursday	10:30 p.m.
Part 3:			
February 25:	Ch. 2, Ch. 8, Ch. 10, Ch. 9	Thursday	10:30 p.m.

CONTINUING DENTAL EDUCATION

Schedule of Television Courses

1970 - 1971*

Course IV. "Periodontal Surgery"
By: Clifford Ochsenbein

Part 1:			
March 4:	Ch. 2, Ch. 8, Ch. 10	Thursday	10:30 p.m.
March 11:	Ch. 9	Thursday	10:30 p.m.
Part 2:			
March 11:	Ch. 2, Ch. 8, Ch. 10	Thursday	10:30 p.m.
March 18:	Ch. 9	Thursday	10:30 p.m.
Part 3:			
March 18:	Ch. 2, Ch. 8, Ch. 10	Thursday	10:30 p.m.
March 25:	Ch. 9	Thursday	10:30 p.m.

Course V. "Crown and Bridge Procedures"
By: Donald K. Pokorny

Part 1:			
April 1:	Ch. 2, Ch. 8, Ch. 10	Thursday	10:30 p.m.
April 8:	Ch. 9	Thursday	10:30 p.m.
Part 2:			
April 8:	Ch. 2, Ch. 8, Ch. 10	Thursday	10:30 p.m.
April 15:	Ch. 9	Thursday	10:30 p.m.
Part 3:			
April 15:	Ch. 2, Ch. 8, Ch. 10	Thursday	10:30 p.m.
April 22:	Ch. 9	Thursday	10:30 p.m.

Course VI. "A Fresh Approach to Prosthodontic Problems"
By: Earl Pound

Part 1:			
May 6:	Ch. 2, Ch. 8, Ch. 10	Thursday	10:30 p.m.
May 13:	Ch. 9	Thursday	10:30 p.m.
Part 2:			
May 13:	Ch. 2, Ch. 8, Ch. 10	Thursday	10:30 p.m.
May 20:	Ch. 9	Thursday	10:30 p.m.
Part 3:			
May 20:	Ch. 2, Ch. 8, Ch. 10	Thursday	10:30 p.m.
May 27:	Ch. 9	Thursday	10:30 p.m.

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*All times are those of the originating station.

NEWS RELEASE

(FOR IMMEDIATE RELEASE)

More than 6,000 dentists in five Upper Midwest states are part of a unique experiment in continuing education.

Educational television stations in the American Dental Association's 10th District (Minnesota, North and South Dakota, Iowa and Nebraska) presented the first series of programs in February on restorative dentistry for dentists and dental auxiliaries.

Sixteen stations carried the lecture-demonstrations by Dr. John A. Anderson, a 1942 graduate of Northwestern U University School of Dentistry. Response has been overwhelmingly favorable.

Some of the typical comments:

"Excellent presentation and camera work on close-ups. Very enjoyable and informative. Would appreciate more such programs," a Luverne, Minnesota dental hygienist.

"It was very interesting to view cavity preparation procedures and finally understand the why of them," a Minneapolis dental hygienist.

"Would suggest the techniques be published and available to the listener," a St. Paul dentist.

"It was an excellent way for a limitless number of people to see directly into the mouth at such close range." a Willmar, Minnesota, dental hygienist.

"I was surprised at the number of my patients who asked me about the program," a St. Paul dentist.

"I would have liked to have seen more about the Assistant's way of preparing the materials used," a Mankato, Minn. hygienist.

"I liked all three segements and hope we can get more of the same," a Duluth dentist.

A Regional Advisory Committee has been established to plan next year's series as well as establish a working relationship between the states' schools of dentistry and dental hygiene.

Committee members are Dr. Rodney Casad, director of the Dental Hygiene School at Wahpaton, N.D.; William Hetherington, audio-visual director for the College of Dentistry at Iowa City, Iowa; Dr. David E. Hoover, chairman of continuing dental education for the Nebraska Dental Association; Dr. William Nienaber, president of the Minnesota Dental Association, and Dr. William L. Powell, Regional Medical Program planning committee from the University of South Dakota.

Additionally there are Chairman Dr. Darrell Ludeman, director of the Dental Hygiene School at Vermillion, S.D.; Educational Consultants Dr. Michael Loupe, University of Minnesota, and Mrs. Fran Watkins, University of South Dakota; and TV Representative, Thomas Engeman, director of educational television for the University of South Dakota.

Q.T. Smith, assistant professor of communication and assistant director of continuing dental education at the University of Minnesota, has been named to direct the program called CON-DENT-ED Regional TV System.

The Division of Dental Health of the National Institutes of Health awarded a $39,000 contract to the University to establish the system. Additional funding has come from the Northlands Regional Medical Program, Inc.

New Local Anesthetics

Two new agents have been developed recently which show promise. The drugs are carbonate lidocaine and bupivacaine. Carbonated lidocaine, a rapidly acting and potent preparation, is a salt of carbonic acid rather than hydrochloric acid. Carbonated lidocaine creates conduction blockage 30 percent faster than lidocaine hydrochloride (Xylocaine). Bupivacaine hydrochloride is a long-acting butyl derivative of mepivacaine (Carbocaine). It is a drug that seems to create good sensory blockage. (Philip R. Bromage, Chicago Society of Anesthesiologists, 332 South Michigan Avenue, Chicago, Ill. Newer local anesthetic agents. *Proc. Inst. Med. Chicago,* 28:63, March 1970.)

Regional Dental Education TV Program Scheduled

The five states of the ADA's Tenth District will be joined in a dental television network this February to present a series of continuing education programs. Dentists and dental auxiliaries in Minnesota, South Dakota, North Dakota, Iowa, and Nebraska will be able to view the programs on educational television stations tied into the network. The programs will feature Dr. John Anderson of Glenview, Illinois, with demonstrations on restorative dentistry. The profession is urged to take advantage of these special dental educational programs scheduled for February 11, 18, and 25, 1971, at 10:30 p.m.

Assistant Professor Q. T. Smith, director of CON-DENT-ED Regional TV System.

The Division of Dental Health of the National Institutes of Health is helping fund the project, having awarded a $39,000 contract to the University of Minnesota School of Dentistry to establish the system. Mr. Q. T. Smith, assistant professor of continuing education and communications at the School of Dentistry, has been named director of the project now called CON-DENT-ED Regional TV System. Additional financial assistance has been received from the Northlands Regional Medical Program, Inc. Ronald A. Place, D.D.S., is the dental coordinator for the NRMP and is participating in planning the regional television programs.

The University of Minnesota will select a library source to house, distribute, edit, and maintain all videotape material used by the TV network. Mr. Smith has been planning the TV programs with the dental schools of Minnesota, Nebraska, and Iowa, the Department of Continuing Adult Education at the University of South Dakota, and dental representatives of the five states involved. Some of the people participating in the planning are Douglas Stickel, Bruce Hummel, and John Peterson of North Dakota; Carman Sutley, Darrel Ludeman, and Willard Powell of South Dakota; William Nienaber, James Little, William Jordan, and James Jensen of Minnesota; William Hetherington and Phillip Phair of Iowa; and Herbert Seberg, Orlin Johnson, and David Hoover of Nebraska.

An advisory committee composed of one dental representative from each state is being formed to oversee the currently planned programs. Contingent on the availability of additional funds and professional interest, the committee will continue the effort as an on-going project.

UNIVERSITY OF Minnesota

SCHOOL OF DENTISTRY • MINNEAPOLIS, MINNESOTA 55455

REPRINTED WITH PERMISSION FROM THE

AMERICAN DENTAL ASSOCIATION NEWS DECEMBER 21, 1970

ADA NEWS DECEMBER 21, 1970

Dentists to Get ETV Courses In 5-State Area

Five midwestern states will be joined in a "dental television network" early next year to bring continuing education to some 6,200 dentists and thousands more dental auxiliaries.

Dentists in Iowa, Minnesota, Nebraska, and North and South Dakota will be able to view the programs on educational television stations tied into the network.

Preliminary plans are for three one-hour programs on restorative dentistry, the first to be broadcast on Feb 11.

The Division of Dental Health is helping fund the project, having awarded a $39,000 contract to the University of Minnesota to establish the system.

The university will name a library source to house, distribute, duplicate, edit and maintain all the videotape material to be used by the TV network; will help establish a working relationship between the dental schools of Nebraska, Minnesota, and Iowa and dental hygiene department at South Dakota to plan the input of educational material; and seek financial and manpower support from the state dental associations, state dental departments, and dental schools as well as the University of South Dakota in producing the first three programs.

An advisory committee composed of representatives from each of the state dental associations and/or state board of dental examiners, a private practitioner from each state, and a representative from each of the dental schools and University of South Dakota will oversee the project.

The University of Iowa
College of Dentistry
Audiovisual Department
Iowa City, Iowa 52240

Non-profit Organization
U.S. POSTAGE
PAID
Permit No. 45
Iowa City, Iowa
52240

CONTINUING DENTAL EDUCATION

REGIONAL TV SYSTEM

PRESENTS

Continuing Education in

"Restorative Dentistry"

By John A. Anderson, D.D.S.

A Three-Part TV Program

FEB. 15*-22* MARCH 1*
11:00 P.M.*

Over the
Educational Television Station
in Your Area

IN COOPERATION WITH:
Iowa Dental Association
Iowa Regional Medical Program

*See next page

ANDERSON (Continued)

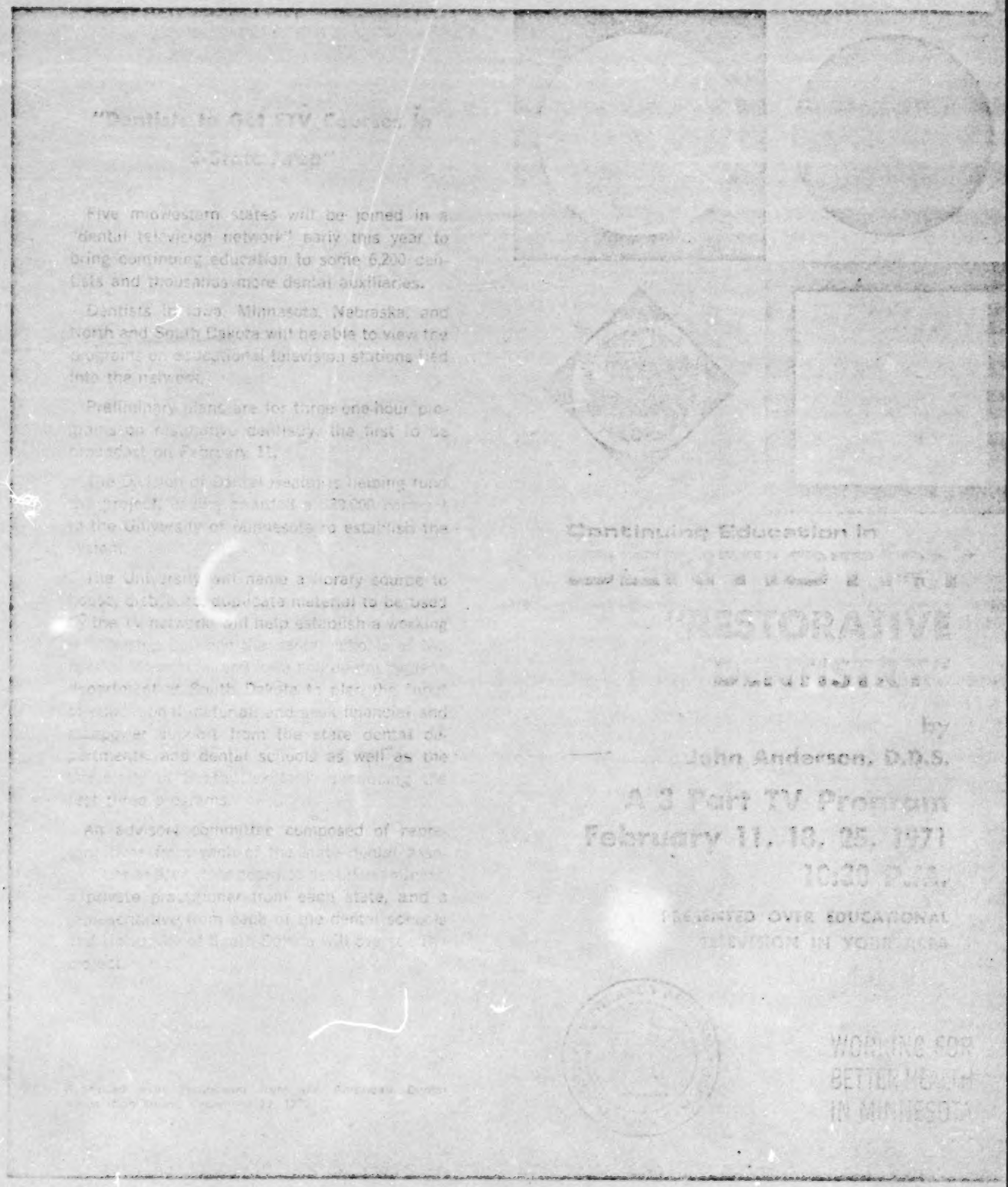
major awards and honors for outstanding contributions to dentistry. His contributions in the area of "time and motion" are well known. Doctor Anderson has lectured and been a part of post-graduate education in every major area of the United States and Canada.

◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆

Those viewers interested in obtaining further information about the programs should contact:

W. I. Hetherington
Audiovisual Director
College of Dentistry
University of Iowa
Iowa City, Iowa 52240
Tel. (319) 353-4004

Q. T. Smith
Asst. Professor
Asst. Dir. of Continuing Education and Regional TV System Coordinator
University of Minnesota School of Dentistry
Minneapolis, Minn. 55455
Tel. (612) 373-7960



"Dentists to Get CTV Courses In 4-State Area"

Five midwestern states will be joined in a "dental television network" early this year to bring continuing education to some 6,200 dentists and thousands more dental auxiliaries.

Dentists in Iowa, Minnesota, Nebraska, and North and South Dakota will be able to view the programs on educational television stations tied into the network.

Preliminary plans are for three one-hour programs on restorative dentistry, the first to be broadcast on February 11.

The Division of Dental Health is helping fund the project, to the tune of a $20,000 contract to the University of Minnesota to establish the network.

The University will name a library source to provide distributable audiotape material to be used by the TV networks and help establish a working

committee of South Dakota dentists to plan the format of the programs and gain financial and manpower support from the state dental departments and dental schools as well as the

An advisory committee composed of representatives from the state dental associations, private practitioners from each state, and a representative from each of the dental schools

Continuing Education in

RESTORATIVE

by

John Anderson, D.D.S.

A 3 Part TV Program

February 11, 18, 25, 1971

10:30

PRESENTED OVER EDUCATIONAL TELEVISION IN YOUR AREA

WORKING FOR BETTER HEALTH IN MINNESOTA

Program Description

February 11

1st hour

Dr. Anderson discusses the pros and cons of inlay preparation and how he adapts these to modern dentistry. Removal of the old gold and preparation of inlays. Clinical tissue retraction and impression taken.

February 18

2nd hour

Continuation of the preparation. Duplicate the die with hydrocolloid material. Preparation of provisional inlays.

Dr. Anderson demonstrates the placement of amalgam using a composite liner, matrix, and copper amalgam. He also discusses the comparative value of [illegible]

February 25

3rd hour

Package, cement, and finishing amalgams. The [illegible] cleaning, polishing, and application of [illegible]

Summary discussion of the entire [illegible] and application of current materials and techniques.

John A. Anderson, D.D.S.

Doctor Anderson is a graduate of Northwestern University Dental School, receiving his D.D.S. degree in 1942. He has taught operative dentistry there. He is a member of many dental organizations and has been the recipient of many major awards and honors for outstanding contributions to dentistry. His contributions in the area of "time and motion" are well known. Doctor Anderson has lectured and been a part of post-graduate education in every major area of the United States and Canada.

Those persons interested in obtaining further information about the programs should contact:

Ronald A. Place, D.D.S.
Dental Coordinator
Northlands Regional Medical Program, Inc.
375 Jackson Street
St. Paul, Minnesota 55101
Tel.: (612) 224-1721

L. T. Smith
Assistant Professor, University of Minnesota
Assistant Director of Continuing Education
Regional Education Program Coordinator
School of Dentistry
Tel.: (612) 373-7560

UNIVERSITY OF MISSOURI-KANSAS CITY

SCHOOL OF DENTISTRY

650 EAST 25TH STREET
KANSAS CITY, MISSOURI 64108

TELEPHONE
(816) 221-3500

February 15, 1971

Dr. Q. T. Smith
Assistant Director
Continuing Dental Education
University of Minnesota Dental School
136 Owri Hall
Minneapolis, Minnesota 85455

Dear Doctor Smith:

The University of Missouri-Kansas City, School of Dentistry has arranged the broadcasting of the Public Health Service and video tapes of Dr. Anderson's lectures. These tapes will be broadcast from Kansas City's educational station sometime in April for three consecutive weeks, once each week.

Dr. Charles Hayden, Regional Program Director of Dental Health, suggested I write you to ascertain how you publicized your telecast of February 11, 18, and 25. I would appreciate it if you could provide me a copy (or copies) of the type of material you devised for publicity.

Thank you,

Regina Warshawski

Regina M. Warshawski
Continuing Education Conference
Coordinator

RMW:lk

THE UNIVERSITY OF IOWA
IOWA CITY, IOWA 52240

College of Dentistry

January 21, 1971

By now you have no doubt heard or read about the series of three Dental Continuing Education programs which will be broadcast over educational television during the month of February. As you know, the use of educational television will mark a rather abrupt departure from our traditional approach to continuing education in this state.

Probably the most unique feature of the program is the fact that it involves five states. The scheduled programs will be broadcast in the states of Iowa, Nebraska, South Dakota, North Dakota and Minnesota. Combining the resources of these states into a "regional network" drastically lowers the cost per hour per dentist and also has strong implications relative to the frequency and quality of programming possible.

It is regrettable that not all cities and towns in Iowa are currently able to receive educational TV. We estimate that approximately 70% of our dental population will be able to view the programs in their places of residence. Planned construction of new facilities within the next year or so will greatly improve this percentage in Iowa. In spite of the fact that certain areas of the state are in a "blackout belt," we are anxious that all dentists in the state receive detailed information about the program.

Future effort -- as concerns the regional TV network -- will depend, among other things, on how the dentists in the state react to the three programs and, more importantly, what they judge to be the potential of educational TV for this purpose. Consequently, this letter is being sent to you and the other district presidents and county dental health chairmen as one part of the effort to gain maximum publicity for the programs. It is hoped that you will assist us by taking advantage of every opportunity you may have -- group dental meetings, private discussions, etc. -- to spread word about the project.

THE UNIVERSITY OF IOWA
IOWA CITY, IOWA 52240

College of Dentistry

Following is a brief resume' of the essential facts surrounding the three programs:

Title: Restorative Dentistry (amalgams and inlays)

Clinician: Dr. John A. Anderson

Mode: all three programs to be broadcast in color

Date: February 15, 22 and March 1
NOTE: Dentists in the Sioux City, Council Bluffs and Mason City areas will view on a different set of dates: February 11, 18 and 25.

Time: 11:00 P.M.
NOTE: Time will be 10:30 P.M. for the dentists in the three cities mentioned above. The enclosed coverage map will help clarity these discrepancies in time and date.

Duration: each of the three programs will be one hour in length

The Iowa Dental Association has asked me to serve as state coordinator for the effort relating to publicity and broadcast of the three programs. Any assistance that you may be able to offer on the publicity end will be much appreciated. If you have further questions, please do not hesitate to contact me.

Sincerely,

W I. Hetherington

William I. Hetherington
Audiovisual Director

Enclosure 1

Northlands News

NORTHLANDS REGIONAL MEDICAL PROGRAM, INC.

Vol. 4 February, 1971 No. 1

Radiotherapy and Group Manpower Problems Studied

Two significant studies have recently been completed by NRMP staff underscoring once again the need for cooperative efforts to solve health care problems.

The Number of Radiotherapeutic Facilities in Minnesota's Economic Regions According to Type of Equipment, 1970.

Economic Region	Facilities: Cobalt 60	Linear Accelerator	Orthovolt	Superficial
1 (Northwest)	0	0	2	0
2 (North)	0	0	0	0
3 (Northeast)	2	0	3	3
4 (West)	1*	0	1	1
5 (North Central)	0	0	0	0
6 (West Central)	0	0	1	0
7 (Central)	1	0	1	0
8 (Southwest)	0	0	3	2
9 (South Central)	0	0	2	1
10 (Southeast)	3	1	5	3
11 (Metropolitan)	9	2	13	8
TOTAL	16**	3	41	18

* Planned

** Including One Planned

The first study, *A Profile of Radiation Therapy in Minnesota*, was completed in cooperation with the Committee on Radiation Therapy Planning of the Minnesota Radiologic Society. The findings indicate that most areas of Minnesota fail to meet the requirements for the number of facilities and personnel established by the National Committee for Radioactive Therapy Studies. The study emphasizes the need for new cooperative approaches to providing adequate and appropriate radiotherapy treatment for Minnesota's cancer patients.

The Number of Full-Time and Part-Time Radiotherapists in Minnesota's Economic Regions, 1970.

Economic Region	Radiotherapists: Full-Time	Part-Time	Total
1 (Northwest)	0	3	3
2 (North)	0	0	0
3 (Northeast)	1	7	8
4 (West)	0	2	2
5 (North Central)	0	0	0
6 (West Central)	0	3	3
7 (Central)	0	1	1
8 (Southwest)	0	3	3
9 (South Central)	0	2	2
10 (Southeast)	7	3	10
11 (Metropolitan)	12	1	23
TOTAL	20	35	55

- The second study, *Physician Manpower Needs of Medical Groups in Minnesota*, determined the types and numbers of physicians which medical groups in Minnesota require now and in the next two years. The findings include:

One hundred-eighty nine of the 210 responding group (79%) are seeking new staff positions. Of the total of 510 new physicians needed, 77 are needed as replacements and 463 are sought for additions, reflecting an emphasis upon an increase in the size of groups.

- Current needs total 271, including 43 as replacements and 228 as additions. Most needed specialties are: General Practice 107, Internal Medicine 41, Pediatrics 20, and OB-GYN 19.

- Additional needs within two years total 269, including 34 as replacements and 235 as additions. The same pattern of needs among specialties was found.

- The expressed need for General Practitioners was about equally divided between the Metropolitan Twin City Area and the rest of the state. The need for other specialties was much greater in the Twin City Area.

The Number of Medical Groups in Minnesota Indicating A Need For One or More Physicians Now and in the Next Two Years

Region	Additions: Now	Additions: In 2 years	Replacements: Now	Replacements: In 2 years
1	5	4	2	1
2	2	2	2	1
3	13	11	3	6
4	5	3	1	–
5	4	4	–	1
6	5	4	3	1
7	4	6	2	–
8	4	3	1	–
9	5	7	2	1
10	8	7	3	2
11	70	78	13	11
TOTAL	125	129	32	24

The Number of Physicians Needed by Groups Now and Within The Next Two Years By Specialty

Types*	Now	Within 2 Years	Total
GP	107	107	214
Allergy	1	0	1
Anes.	9	10	19
Cardiol.	1	0	1
Derm.	2	1	3
Gastro.	0	0	0
Gen. Surg.	15	9	24
Int. Med.	41	49	91
Neuro. Surg.	1	2	3
OB-GYN	19	21	40
Occup. Med.	2	5	7
Oto	10	5	15
Ortho. Surg.	11	9	19
Ophth.	10	2	12
Path	0	1	1
Ped.	20	23	43
Phys. Med.	2	2	4
Procto.	1	1	2
Psych. & Neuro.	3	1	4
Radiol.	9	16	25
Thor. Surg.	2	0	2
Urol.	5	4	9
Other	0	1	1
TOTAL	271	269	540

DENTAL COORDINATOR APPOINTED

Dr. Ronald A. Place, an oral surgeon from Rochester, Minn. has been appointed as Dental Coordinator of Northlands Regional Medical Program, Inc. A principal responsibility will be to strengthen and coordinate the continuing dental education of the dentist and dental auxiliaries beyond their formal training at the dental schools. He will act as a liaison with the State's dentists in developing programs and innovative approaches to dental health care.

Ronald A. Place, D.D.S.

Another segment of responsibility will be identification and assessment of dental manpower and appropriate utilization of such personnel. The role of NRMP is basically to assist the health care system to improve itself, rather than to be an *overactive change agent.*

Dr. Place, a native of Minnesota, is a graduate of Marquette University, received his D.D.S. from the University of Minnesota Dental School, and spent one year as an intern at Minneapolis General Hospital. He was in general practice in Duluth for 15 years and received his formal training in Oral Surgery at Loyola University in Chicago. He now resides in Rochester.

Great Plains National Instructional Television Library

UNIVERSITY OF NEBRASKA
LINCOLN, NEBRASKA 68508

402•432-3081
402•432-3637

February 1971

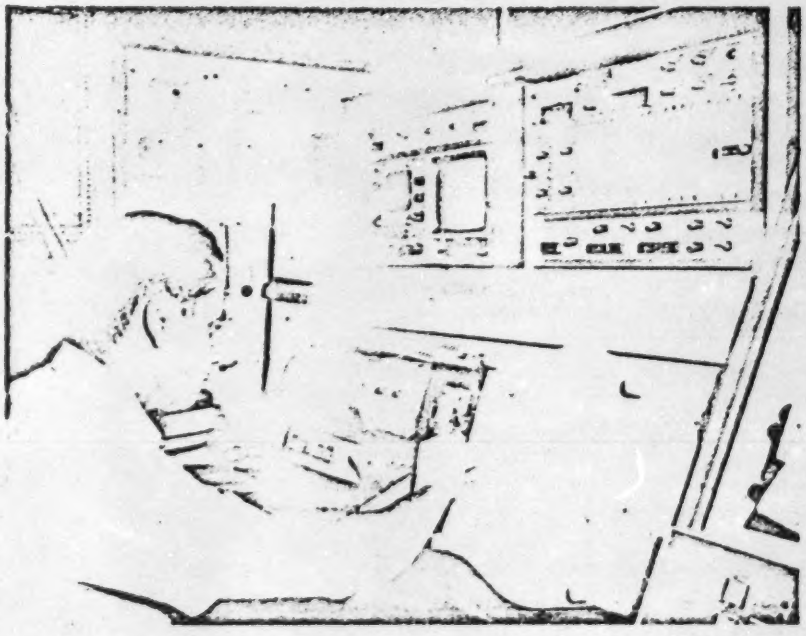
Dear Colleague:

Pictured below is our chief recording engineer, Bob Stapleton, and the newest apple of his eye -- our Electron Beam Recorder. Well, perhaps that's pouring it on a bit but Bob is proud of his transfer work and the EBR has been at the center of his attention over the past few months. And that is not overstating the case.

Testing, adjusting and more testing -- that's been the order of business since the 3M Company installed the latest version of their EBR in our shop late last fall. And, even before the testing, recording engineers Stapleton and Wes Dripps attended special schools on the maintenance and operation of the machine.

And now, according to Bob, "We are ready to offer EBR quality direct positive black and white tape-to-film transfer service to ETV and educational institutions — at a reasonable cost."

Frankly, we're delighted with Bob's work, with the help and cooperation we have received from the 3M Company, and with the schedule of prices we are now announcing. We think you will be, too.



Sincerely,

Paul H. Schupbach
Director

PS -- Please check the back of this page for our EBR pricing schedule . . . and for additional information on the operation of the Electron Beam Recorder.

the ELECTRON BEAM RECORDER

The new Electron Beam Recorder is the first system to produce 16mm monochrome film copies comparable to a live or video tape signal. Rather than using an optical duplication system (the old method of making film copies or kinescopes), the new 3M machine employs direct electron bombardment of the film to accomplish transfer of either a live or video tape image to the film.

The Electron Beam Recorder is designed to record on low-cost fine grain film with an overall resolution exceeding 1,000 lines. The film is processed in the conventional method and used on standard 16mm projectors.

GPNITL's EBR Pricing Schedule

(Great Plains National is prepared to make EBR transfers from the following video tape configurations: 15 i.p.s. quadruplex, 7½ i.p.s. quadruplex, Ampex 7800 helical scan and Ampex 660 helical scan.)

15-minute program - $105

20-minute program - $120

30-minute program - $150

45-minute program - $240

60-minute program - $270

All noted prices include can, reel and ground transportation return.

Please direct all EBR correspondence and tape shipments to:

Wayne K. Thoren
Operations Coordinator
Great Plains National ITV Library
University of Nebraska
Lincoln, Nebraska 68508

(see flip side)

Five-state television network airing CE series for dentists

It takes a long time to bring excellence to maturity. – Publilius Syrus

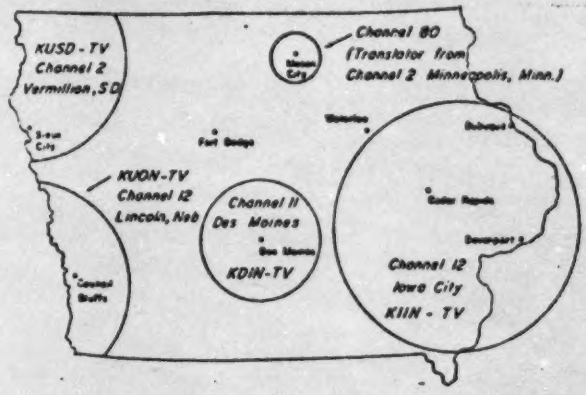
A pioneering effort in continuing dental education for the North Central region of the U.S. is utilizing Educational Television facilities to bring dentists of a five-state area a series of three lectures on "Restorative Dentistry."

In cooperation with the University of Iowa College of Dentsitry, the Iowa Regional Medical Program helped provide informational material to acquaint Iowa's dentists with the three-program course that is launching the CONtinuing DENTal EDucation (CON-DENT-ED) Regional TV System.

The Division of Dental Health of the U.S. Public Health Service awarded a $39,000 contract to the University of Minnesota to establish the system. Some 6,200 dentists and additional thousands of dental auxiliaries will be able to view the programs on Educational Television Stations tied into the network.

Besides the states of Minnesota and Iowa, those participating in CON-DENT-ED are Nebraska and North and South Dakota. Overseeing the project is an advisory committee comprised of representatives from each state. William I. Hetherington, Audiovisual Director for the U-of-I College of Dentistry, is the Iowa committee member.

Because Iowa's Education Television System does not reach all of the state, Iowa dentists in some areas are invited to view the programs on out-of-state stations. An accompanying map indicates where the lectures can be tuned-in on Feb. 11-18-25 at 10:30 p.m. from other than Iowa stations. The broadcasts from Iowa's KDIN-TV and KIIN-TV were scheduled for Feb. 15-22 and March 1 at 11:00 p.m.



John A. Anderson, D.D.S., a graduate of the Northwestern University School of Dentistry and a nationally recognized authority on restorative dentistry, is delivering the set of lectures.

Computerized system to collect CCU data

As many as three to four dozen Iowa hospitals may be participating in a computerized system for collection of Coronary Care Unit data that is about to be initiated by the Iowa Regional Medical Program at the suggestion of the Iowa Clinical Society of Internal Medicine.

Dr. H. B. Weinberg, IRMP Coordinator, says that any hospital that is providing bona fide intensive coronary care – whether in a CCU, an Intensive Care Unit, or in selected rooms on the general floor – should find data yielded by the system to be useful.

Eligibility for participation in the activity will depend wholly upon a hospital's capability of supplying the

Continued on back page

IRMP IMPACT
is the official publication of the
Iowa Regional Medical Program
(The University of Iowa)
308 Melrose Avenue
Iowa City, Iowa 52240

Harry Weinberg, M.D., Coordinator
Charles Caldwell, Associate Coordinator
Ricardo Terrones, Continuing Education
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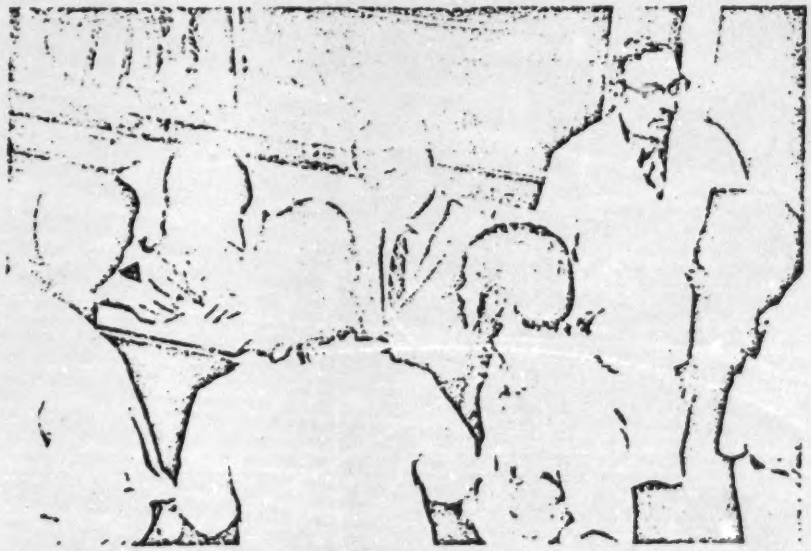
Joyce Lupan, Executive Secretary



A GUEST SPEAKER on the University of Iowa campus on January 12 was Phil Rushing (center, facing camera), a member of the Illinois RMP and former coordinator of a Chicago ghetto health planning group. In an afternoon appearance before students in the College of Medicine he encouraged interest in volunteering vacation time to providing health care in the Chicago ghetto, and also sober consideration of devoting a year or more to a similar professional pursuit following graduation. In the evening, he told a general audience of the problems faced in providing adequate health care to the underprivileged.

PROGRAM DESCRIPTION

February 15* 11:00 p.m.

1st hour

Dr. Anderson discusses the pros and cons of inlay preparation and how he adapts these to quadrant dentistry. Removal of the amalgams and preparation of inlays. Gingival tissue retraction and hydrocolloid impression taken.

February 22* 11:00 p.m.

2nd hour

Removes and cools impression. Checks the centric bite with hydrocolloid material. Pours models. Prepares and places temporaries Demonstrates the placement of amalgams using a composite silver, mercury, and copper amalgam. The clinician discusses the comparative value of this material.

March 1* 11:00 p.m.

3rd hour

Packing, carving, and finishing amalgams. The clinician tries in, cements, and finishes previously prepared inlays with a minimum amount of adjusting.

Dr. Anderson demonstrates the ease which is possible with coordinated practice technique and utilization of trained chairside assistance.

---

*Those dentists in the Council Bluffs, Sioux City and Mason City areas will receive the programs over the stations indicated on adjoining map. Dates for these telecasts will be

FEBRUARY 11-18-25

and they will be aired at 10:30 p.m.

Dentists to Get ETV Courses in Five-State Area

Five midwestern states will be joined in a "dental television network" early this year to bring continuing education to some 6,200 dentists and thousands more dental auxiliaries.

Dentists in Iowa, Minnesota, Nebraska, and North and South Dakota will be able to view the programs on educational television stations tied into the network.

Preliminary plans are for three one-hour programs on restorative dentistry, the first to be broadcast on February 11.

The Division of Dental Health is helping fund the project, having awarded a $39,000 contract to the University of Minnesota to establish the system.

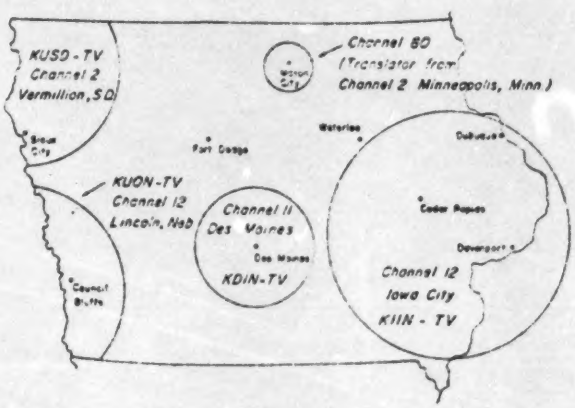
An advisory committee composed of representatives from each of the state dental associations and/or state board of dental examiners, a private practitioner from each state, and a representative from each of the dental schools and University of South Dakota will oversee the project.

Reprinted with permission from the American Dental Association News, December 21, 1970.

John A. Anderson, D.D.S.

Doctor Anderson is a graduate of Northwestern University Dental School, receiving his D.D.S. degree in 1942. He has taught operative dentistry there. He is a member of many dental organizations and has been the recipient of many

Continued on back cover



UNIVERSITY OF *Minnesota*

SCHOOL OF DENTISTRY · 138 OWRE HALL · MINNEAPOLIS, MINNESOTA 55455

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Questionnaire Card

RESTORATIVE DENTISTRY TELECAST

University of Minnesota
School of Dentistry

	Yes	No
Were the programs logically organized and sequentially developed?	☐	☐
Were the visual materials supportive and informative?	☐	☐
Were you satisfied with the presentation of the procedure?	☐	☐
Were the skills presented relevant to your practice?	☐	☐
Were you satisfied with the production of the telecast? (Video) (Audio)	☐	☐
Were you stimulated to utilize auxiliary personnel in an expanded role as a result of this program?	☐	☐

What did you like or dislike about the program?

Did you watch program segments 1☐ 2☐ 3☐

Are you a dentist ☐ Dental hygienist ☐ Dental Assistant ☐? Did you watch this program in color ☐ or black and white ☐? In what town did you view this program?

HEALTH SCIENCES CENTER

Minnesota
Iowa
Nebraska
Dakotas

for educational enrichment of men's minds

The attached letter arrived after this report was ready for mailing, but was included because of its significance. The decision of the Committee for Continuing Education Evaluation for Minnesota, to give credit for the televised programs is a real milestone for the regional TV System.

APR 02 1976

June 28, 1971

Mr. Q. T. Smith
Director of MIND Regional T.V. Systems
School of Dentistry, University of Minnesota
Minneapolis, Minnesota 55404

Dear Q.T.

After much discussion at the June 22nd meeting of the Committee for Continued Education Evaluation, a guideline was formuated pertaining to Home Study. Included in this category are Educational Dental T.V., tapes, books, periodicals etc.

The guideline reads: Home study with a testing mechanism supplied by a sponsor and approved by the Continuing Education Evaluation Committee. One hour credit for each two hours of study. Maximum of 25% of required credit hours per year.

I hope this will be of some help in your planning of future T.V. programs. If you have any further questions please feel free to call or write.

Yours for Better Dentistry,

Frederick W. Noble

Frederick W. Noble D.D.S.
Chairman, Committee for
Continuing Education Evaluation

FWN/alr